



Washington State Health Care Authority
Prescription Drug Program

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March 1, 2010

Dear Interested Party,

Based on recommendations by the Washington State Pharmacy and Therapeutics Committee, the Department of Social and Health Services - Health and Recovery Services Administration, the Health Care Authority – PEBB Plan Management, and the Department of Labor & Industries have named the following drugs as preferred in their respective therapeutic classes on the Washington State Preferred Drug List (PDL), effective April 1, 2010:

Diabetes Drugs- Thiazolidinedione (TZD)		Agency Coverage		
Ingredient Name	Preferred Product	LNI	Medicaid	UMP
pioglitazone HCL	Actos [®]	No	Yes	Yes
rosiglitazone maleate	Avandia [®]	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				

MS Drugs		Agency Coverage		
Ingredient Name	Preferred Product	LNI	Medicaid	UMP
glatiramer acetate	Copaxone [®]	No	Yes	Yes
interferon beta-1A	Avonex [®]	No	Yes	Yes
	Rebif [®] solution	No	Yes	Yes
	Rebif Titration Pack [®]	No	Yes	Yes
interferon beta-1B	Extavia [®] solution	No	Yes	Yes
mitoxantrone HCL	mitoxantrone HCL concentrated	No	Yes	Yes
natalizumab	Tysabri [®] concentrated	No	PA required	Yes
The effect of this recommendation is to make Betaseron [®] and Novantrone [®] non-preferred on the PDL and make Extavia [®] preferred on the PDL.				

Each agency will use the common PDL according to its benefit structure. You may view the current PDL at: <http://www.rx.wa.gov/documents/washingtonpdl.pdf>

If you have other questions or comments regarding this announcement, please contact Leta Evaskus at (206) 521-2029 or by email at leta.evaskus@hca.wa.gov.

Sincerely,

Duane Thurman
Director, Prescription Drug Programs
Washington State Health Care Authority